

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="font-size: 2em; font-weight: bold;">C</div> <div>CLAIMS ONLY</div> </div>							Application Number <div style="font-size: 1.5em; font-weight: bold;">101674208</div>		Filing Date 					
							Applicant(s)							
* May be used for additional claims or amendments														
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
	Indep	Depend	Indep	Depend	Indep	Depend	Indep		Depend		Indep		Depend	
1							51							
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46							96							
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48							98							
49							99							
50							100							
Total Indep							Total Indep							
Total Depend							Total Depend							
Total Claims							Total Claims							